

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-819)

SERIAL NO.  
APPLICANT

FILING DATE

10/567,028 2/3/86

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		1					53						
4		3					54						
5		1					55						
6		1					56						
7		2					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16							66						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	1	↓		↓		↓							
TOTAL DEP.	17	←		←		←		↓		↓		↓	
TOTAL CLAIMS	18	[REDACTED]		[REDACTED]		[REDACTED]							